

**IMPLEMENTATION UPDATE GUIDE
FOR CHCS S/W VERSION 4.51 TO VERSION 4.6
FOR RAD**

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D/SIDDOMS



**Delivery Order 0150 FY98 Implementation & Training Support Activities,
CDRL Item 04**

Submitted in Response to:

D/SIDDOMS Contract DASW01-95-D-0025,

Expiration Date: [Established via Individual Delivery Orders]

Contract Total Dollar Value: [Established via Individual Delivery Orders]

Delivery Order Total Dollar Value: [Available from DSS-W]

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How To Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6. There is an IUG for each functionality. This IUG is applicable to the RAD Subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

HOW TO USE THIS DOCUMENT - A description of the document and how to use it.

1. SUMMARY OUTLINE - Brief overview of changes-this can be used as a hand-out to all users.
2. SUBSYSTEM CHECKLIST - This is a step by step list of pre- and post-install implementation activities.
3. CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.
4. APPENDICES - applicable information pertaining to the implementation of Version 4.6 including Common Files changes, and a Master Checklist for all Subsystems.

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1.0 SUMMARY OUTLINE.

1.1 MODIFIED SCHEDULING PARAMETERS.

The Radiology Scheduling Parameters have been modified to accommodate a 24-hour scheduling capability instead of the previous time frame from 0500 to 2300 hours.

MODIFIED SCHEDULE GRIDS:

The following menu paths contain the Radiology scheduling grids which display when users schedule exams or print schedules.

Grids have been EXPANDED to accommodate the NEW 24-Hour scheduling window.

MENU PATHS:

- RAD-RS-PS-SO - Schedule Orders In Need Of Appointment
- RAD-RS-PS-SS - Schedule Stat Orders In Need Of Appointment
- RAD-RS-PS-MA - Modify a Procedure Appointment
- RAD-RS-PM-RS - Print room schedules
- RAD-RS-PM-RA - Room availability

SCHEDULE MAINTENANCE:

The parameters for start and stop times have been MODIFIED to accept a 24-Hour scheduling format.

The following menu options contain start and stop time scheduling fields which determine when rooms are open or closed and when procedures may be performed. It will be necessary to modify schedule parameters as necessary.

MENU PATHS:

- RAD->RS->SM->TE - Schedule Template Enter/Edit
- RAD->RS->SM->MS - Maintain Room Schedules
- RAD->SM->RRE - Radiology Room Edit
- RAD->SM->PFE - Procedure File Edit

1.2 PRINT PULL LIST SORTING BY PROVIDER.

The Pull List for Radiology Image Tracking currently provides for four distinct sort orders: terminal digits, clinic name, appointment time, and patient name.

A NEW sort by PROVIDER and then terminal digit has been added into the existing menu option Print Pull List(s) {PT}. The initial sort is by DIVISION, then by CLINIC. Once the clinic prompt has been filed, the user will be prompted for the sorts within the clinic selection. It is HERE that the new prompt to

sort by PROVIDER will be inserted:

HOW DO YOU WANT LIST SORTED? prompt.

NOTE: This modification impacts the PRINT PULL LIST option ONLY.
Pull Lists will continue to be generated as before.

When the sort for Provider is requested, an individual provider or all providers may be input. The secondary sort will be by terminal digit.

1.3 NEW LABEL PRINT FIELDS.

PATIENT ADDRESS FIELDS have been added to the LABEL PRINT FIELD FILE as standard fields for selection in formatting record labels in Image Tracking. A HOME DIVISION field has also been added.

1.4 PHONE NUMBERS ADDED TO RADIOLOGY SCHEDULES.

The Radiology Scheduling module has been enhanced to include the patient's home and work phone(s) numbers in addition to the already included demographic and exam data.

Radiology Location Schedules, Room Schedules, and Requesting Ward/Clinic Schedules printouts will now include the patient's home and work phone numbers in the patient demographic section.

2.0 SUBSYSTEM CHECKLIST.

2.1 USER TRAINING.

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

2.2 IMPLEMENTATION ISSUES.

1. Schedule templates will require modification prior to implementing 24-hour scheduling.
2. Existing labels will require re-formatting if new print fields will be implemented.
3. Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

2.3 INTEGRATION ISSUES.

NONE

2.4 FILE AND TABLE CHANGES.

1. All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.
2. Enter any record types to be pulled for clinics into the Borrowers Setup File.
3. Add new print fields to Label Print formats if they will be used.

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3.0 CHANGES AND ENHANCEMENTS.

3.1 MODIFY SCHEDULING PARAMETERS.

3.1.1 OVERVIEW OF CHANGE.

The Radiology Subsystem previously provided the capability to schedule patients from 0500 to 2300 hours. The new scheduling parameters have been EXPANDED to provide a 24-hour scheduling capability.

3.1.2 DETAIL OF CHANGE.

3.1.2.1 MODIFIED SCHEDULE GRIDS.

The following menu options contain the Radiology scheduling grids which display when users schedule exams or print schedules. These grids have been modified to accommodate a 24 hour format.

MENU PATHS:

RAD-RS-PS-SO - Schedule Orders In Need Of Appointment
RAD-RS-PS-SS - Schedule Stat Orders In Need Of Appointment
RAD-RS-PS-MA - Modify a Procedure Appointment
RAD-RS-PM-RS - Room schedules
RAD-RS-PM-RA - Room availability

Exams which are scheduled over midnight (ex. an hour appointment starting at 2330) will reflect as booked (marked as X's on the schedule) on the next day's grid. An attempt to schedule an exam for that time the next day will be prevented.

Printed schedules for appointments scheduled over midnight which display the patient demographic information and exam times will **NOT** reflect the patient exam information on the following day. The schedule will just reflect the X's indicating that the time is booked.

SAMPLE SCREEN - Modified Scheduling Grid - AM

```
ROOM: RAD ROOM 1                      DATE: (WEDNESDAY) 22 Jan 1997
=====
AM  00:00  01:00  02:00  03:00  04:00  05:00
     |..|..|..|..|..|..|..|..|..|..|..|..
     -----
     06:00  07:00  08:00  09:00  10:00  11:00
     |..|..|..|..|..|..|..|..|..|..|..|..
     00000000000000000000000000000000-----
```

SAMPLE SCREEN - Modified Scheduling Grid - PM

```
ROOM: RAD ROOM 1                      DATE: (WEDNESDAY) 22 Jan 1997
=====
PM   12:00  13:00  14:00  15:00  16:00  17:00
     |..|..|..|..|..|..|..|..|..|..|..|..
     00000000000000000000000000000000-----
     18:00  19:00  20:00  21:00  22:00  23:00
     |..|..|..|..|..|..|..|..|..|..|..|..
     -----
=====
CR for next open date, '^' to select this date, or 'D' to display sched:
```

3.1.2.2 24 HOUR SCHEDULE MAINTENANCE.

The parameters for start and stop times have been MODIFIED to accept a 24-Hour scheduling format.

The following menu options contain start and stop time scheduling parameters which determine when rooms are open or closed and when procedures may be performed. It will be necessary to modify schedule parameters as necessary for sites who are scheduling 24 hours a day.

```
RAD->RS->SM->TE
RAD->RS->SM->MS
RAD->SM->RRE
RAD->SM->PFE
```

The following screens contain the time parameters and show the modified times:

3.2.2.2.1 Schedule Template Enter/Edit.

Menu Path: RAD->RS->SM->TE

The Schedule templates option is used in creating radiology room schedules. This option is also used to EDIT existing room schedules.

SAMPLE SCREEN - Schedule Template Enter/Edit

```

TEMPLATE:      MON CDB                               Template Edit
Name:      MON CDB                                Type:  MONDAY
***  Available Time Periods for the day  ***
Start: 0000                                Stop: 2359
Start:                                Stop:
Start:                                Stop:
Start:                                Stop:

```

3.1.2.2.2 Maintain Room Schedules.

Menu Path: RAD->RS->SM->MS

The Maintain Room Schedules option is used to open or close rooms with previously created room schedules.

SAMPLE SCREEN - Maintain Room Schedules

```
Room: Rad Room 1
Description:
Room Status: OPEN/OPERATIONAL
```

*** Date and Time Ranges for Room Status ***

```

Start Date: 21 JUN 2001      Stop Date: 21 JUN 2001
Start Time: 0000             Stop Time: 2359

```

3.1.2.2.3 Radiology Room Edit - Cross Scheduling Parameters.

Menu Path: RAD->SM->RRE

Cross scheduling parameters are used when sites allow other divisions to schedule procedures in their rooms.

SAMPLE SCREEN - Radiology Room Edit - Cross Scheduling Parameters

CROSS-SCHED TIMES: MONDAY
CONTINUATION

RAD ROOM EDIT

CROSS-SCHED DAYS: MONDAY
CROSS-SCHED START TIME: 0000
CROSS-SCHED END TIME: 2359

3.1.2.2.4 Procedure File Edit - Radiology Room Edit.

Day of the Week Scheduling Parameters
Menu Paths: RAD->SM->PFE

Radiology rooms can be entered through this option. Scheduling restrictions for the room which limit the day of the week and time of the day have been modified to accommodate the 24 hour scheduling format.

SAMPLE SCREEN - Procedure Specification - Radiology Room Edit
Day of Week Scheduling Parameters

TIME SPECIFICATION: MONDAY
SPECIFICATIONS

TIME/PATIENT CATEGORY

DAY OF WEEK: MONDAY
EARLIEST APPT TIME: 0000
LATEST APPT TIME: 2359
PATIENT CATEGORY RESTRICTION:

3.1.2.2.5 Radiology Room Edit - Procedure Room Specifications
Day of Week Scheduling Parameters.

Menu Path: RAD->SM->RRE

Procedures which are performed in this room can be entered through this option. Scheduling restrictions for the room which limit the day of the week and time of the day have been modified to accommodate the 24 hour scheduling format.

**SAMPLE SCREEN - Radiology Room Edit - Procedure Room
Specifications**

Day of Week Parameters

TIME SPECIFICATION: SPECIFICATIONS	MONDAY	TIME/PATIENT CATEGORY
DAY OF WEEK:	MONDAY	
EARLIEST APPT TIME:	0000	
LATEST APPT TIME:	2359	
PATIENT CATEGORY RESTRICTION:		

3.1.3 FILE AND TABLE CHANGE.

Schedule templates will require modification prior to implementing 24-hour scheduling.

3.1.4 IMPLEMENTATION ISSUES.

Sites maintaining a 24-hour schedule(s) may now redefine them to accommodate new scheduling capability.

To modify old schedules, there are a couple of options:

Either:

1. RS-SM-TE
Create totally new schedule templates reflecting 24 hour formats and name them appropriately.
2. RS-SM-CS-Create
Create a new schedule starting at the end of the old schedule by using the new templates.

Or:

1. RS-SM-TE
Modify the existing templates to reflect 24 hour format.

3.2 PRINT PULL LIST - SORTING BY PROVIDER.

3.2.1 OVERVIEW OF CHANGE.

The Print Pull List Menu Option for Radiology Image Tracking and Outpatient Records currently provides for four distinct sort orders: (1) terminal digits, (2) clinic name, (3) appointment time, and (4) patient name.

An additional sort has been added. The new sort will first sort by PROVIDER and then by terminal digit and will be added at the:

HOW DO YOU WANT LIST SORTED? prompt.

NOTE: This modification impacts the PRINT PULL LIST option ONLY. Pull Lists will continue to be generated as before.

3.2.2 DETAIL OF CHANGE.

3.2.2.1 PRINT PULL LIST SORTING BY PROVIDER.

MENU PATH: RAD-IT-PL-PT

After the Clinic prompt has been answered, the user will be prompted for individualized sorts. It is here that the NEW sort by PROVIDER has been added as a sort selection. The sort breaks down the pull list by (1) individual clinic, then by all clinics, and (2) then by all providers or individual providers.

1. After the user selects the PT Print Pull List(s) option from the Pull List menu, the user will be prompted to select a Division.
2. The user may select an individual clinic or accept the default sort for ALL clinics at the prompt:

Select Pull List: ALL CLINIC LISTS//

3. After the user selects an individual clinic or accepts the ALL clinic sort, the following message displays:

How do you want list sorted? Terminal Digits//

4. User may select one of the following sort criteria at this prompt:

Terminal Digits	to sort by terminal digits
Clinic Name	to sort by clinic name; then by terminal digits
Appointment Time	to sort by clinic name; then by
Patient Name	to sort by clinic name; then by patient name
Provider	to sort by Provider name; then by
'^'	to stop

5. If the PROVIDER sort is selected, the system displays the prompt:

Select Provider: All//

6. The user can press <Return> for ALL providers or enter an individual provider name at this prompt.
7. The system prints the following Pull List in 132-column format

SAMPLE PULL LIST - In this example, the user selected the ORTHOPEDIC CLINIC and ONE PROVIDER sort.

```

                Personal Data - Privacy Act of 1974 (PL-93-579)
Division : DIV A - TRAINING HOSPITAL          Sorted by : Provider Name
File Room: IMAGE FILE ROOM                   Report Date: 21 Jun 2001@140807
Pull List: ORTHOPEDIC CLINIC                 Page: 1
Date Records Needed: 24 Jun 2001
```

DEERS	Name	FMP/SSN	Type	Req#	Status	Request	Time	Cur Loc

Provider: ANDREWS,CAROL L								
=====								
NASON,A	A	20/222-33-4539	BON1	14	REQ	ORTHOPEDIC CL	07:30	IMAGE FR

NASON,C	C	20/222-33-4541	BON1	16	REQ	ORTHOPEDIC CL	11:30	IMAGE FR

NASON,E	E	20/222-33-4543	BON1	18	REQ	ORTHOPEDIC CL	11:00	IMAGE FR

NASON,F	F	20/222-33-4544	BON1	19	REQ	ORTHOPEDIC CL	10:30	IMAGE FR

NASON,H	H	20/222-33-4546	BON1	21	REQ	ORTHOPEDIC CL	12:30	IMAGE FR

NASON,I	I	20/222-33-4547	BON1	22	REQ	ORTHOPEDIC CL	10:00	IMAGE FR
Press <Return> to continue or '^' to stop:								

3.2.3 FILE AND TABLE CHANGES.

There is no file and table needed; however, to insure that radiology records appear on pull lists for clinics which request them, the following file and table should be completed:

Menu Path: RAD Main Menu->IT->{Image File Room}->SD->BSU->
Select Borrower:

** Populate the RECORD TYPE NEEDED: field in the Borrowers
Setup File with the RECORD TYPE for any clinic which wants
Radiology to pull records for clinic appointments.

Borrower Set Up file

BORROWERS-FILE AREAS: ORTHOPEDIC CLINIC RT BORROWER SET-UP

Location/Room Number: A-1844 Phone Number: 555-2994
Borrowing Privileges: NORMAL
Synonyms:
ORTHOPEDIC CLINIC
=====

Barcode Printer to be Used When Arriving Radiology Exams

Barcode Printer:

Record Request to be Made When Making an Appointment
or Registering a Patient

Record Type Needed:

BONE
SPINE

3.2.4 IMPLEMENTATION ISSUES.

Clinics requiring Radiology to pull records for scheduled appointments MUST be in the BORROWERS SET-UP FILE:

3.3 NEW LABEL PRINT FIELDS.

3.3.1 OVERVIEW OF CHANGE.

The LABEL PRINT FIELD FILE has been modified, adding the availability of PATIENT ADDRESS FIELDS and a HOME DIVISION FIELD as standard fields for selection when formatting labels for film folders. The patient address fields point to the Patient File and the Home Division points to the Record File.

3.3.2 DETAIL OF CHANGE.

The following fields have been added to the Label Print Field File #194.5 as standard fields:

NEW PATIENT ADDRESS FIELDS:

Address Line 1:	30 characters in length, truncated after 30 characters print on the label
Address Line 2:	30 characters in length, truncated after 30 characters print on the label
Address Line 3:	30 characters in length, truncated after 30 characters print on the label
City:	30 characters in length, truncated after 30 characters print on the label
State:	Two (2) character abbreviation
Zipcode:	Five (5) character zipcode

NEW HOME DIVISION FIELD:

Home Division:	30 characters in length, truncate after 30 characters print on the label
----------------	--

3.3.3 FILE AND TABLE CHANGES

Reformat labels as appropriate using the following menu path:

RAD - IT - SO - LFM - LF

3.3.4 IMPLEMENTATION ISSUES

If the new Print Label Fields are to be implemented, Print Labels will require re-formatting.

3.4 PHONE NUMBERS ADDED TO RADIOLOGY SCHEDULES.

3.4.1 OVERVIEW OF CHANGE.

The Radiology Subsystem currently provides the capability to print patient appointment schedules via the Radiology Print Schedules Menu. The schedules include patient demographic and radiologic exam data.

The Department Schedules, Radiology Location Schedules, Room Schedules, and Requesting Ward/Clinic Schedules will be modified to include the patient's home and work phone numbers in the patient demographic section.

3.4.2. DETAIL OF CHANGE.

Radiology Department schedules have been modified to include the patient's home and work phone numbers. Schedules which are generated for patients who are scheduled for exams will now display this additional demographic information.

The enhancements of the Department Schedule, Radiology Location Schedule, Room Schedule, and Requesting Ward/Clinic Schedule will include the addition of the scheduled patient's home and work phone numbers. For sponsors the Work Phone and Duty Phone numbers will be the same, if the Work Phone field in the patient's registration is populated. For family members, the Work Phone will display the patient's work phone number, if that field is populated. If there is no work phone number the field will remain null.

3.4.2.1 SCHEDULE TEMPLATE MODIFICATION

The patient's HOME and WORK phone numbers will display on the following Radiology Department schedules when the patient has been scheduled for an exam:

- Radiology Department Schedule
- Radiology Location Schedule
- Radiology Room Schedule
- Requesting Ward/Clinic Schedule

3.4.2.1.1 RADIOLOGY DEPARTMENT SCHEDULE PRINT TEMPLATE.

MENU PATH: RAD->RS->PM->DS (Department Schedule)

DEPARTMENT SCHEDULE DISPLAY SCREEN

Personal Data - Privacy Act of 1974 (PL 93-579)

MTF: WALTER REED AMC Report Date: 21 JUN 2001@15423
Schedule for COMPUTED TOMOGRAPHY Page: 1

=====

25 Jun 2001	NASON,LINDA L		CT, CHEST, TOTAL
	20/222-33-4549		INTERNAL MEDICINE CL
08:30	DOB: 15 Mar 1964	Age: 37	NELSON,ROBERT
	(H) 918-555-6391		(W) 202-555-4329
	Reg. #:	Sex: F	Room: CT ROOM 1
	SCHEDULED		ROUTINE

=====

3.4.2.1.2 RADIOLOGY LOCATION SCHEDULE PRINT TEMPLATE.

MENU PATH: RAD->RS->PM->LS (Location Schedule)

LOCATION SCHEDULE DISPLAY SCREEN

Personal Data - Privacy Act of 1974 (PL 93-579)

MTF: WALTER REED AMC Report Date: 21 Jun 2001@15423
Schedule for COMPUTED TOMOGRAPHY
Page: 1

=====

25 Jun 2001	RADIOLOGY LOCATION: COMPUTED TOMOGRAPHY		
	NASON, JACKIE J		CT, HEAD
	20/800-86-0323		INTERNAL MEDICINE CL
07:00	DOB: 23 Mar 1986	Age: 34	NELSON,ROBERT
	(H) 410-555-1234		(W) 202-555-2902
	Reg. #:	Sex: M	Room: CT ROOM 1
	SCHEDULED		ROUTINE

=====

3.4.2.1.3 RADIOLOGY ROOM SCHEDULE PRINT TEMPLATE.

MENU PATH: RAD->RS->PM->RS (Room Schedule)

ROOM SCHEDULE DISPLAY SCREEN

Personal Data - Privacy Act of 1974 (PL 93-579)

Page: 1

MTF: WALTER REED AMC

Report Date: 21 Jun2001@1602

Sched for MAIN RADIOLOGY

Room: RAD RM 2 - for FRIDAY 15 Nov 1996

=====

[illegible]

=====

[illegible]

=====

07:00	NASON, GRACE	UGI SERIES
30 min.	20/222-33-4545	EMERGENCY ROOM
	DOB: 15 Dec 1969	Age: 31
	(H) 410-555-5987	ANDREWS, CAROL L
	Reg. #:	(W) 202-555-4106
	SCHEDULED	Sex: F
		ROUTINE

3.4.2.1.4 REQUESTING WARD/CLINIC SCHEDULE PRINT TEMPLATE.

**MENU PATH: RAD->RS->PM->Requesting Ward/Clinic
Schedule**

REQUESTING WARD/CLINIC SCHEDULE DISPLAY SCREEN

Personal Data - Privacy Act of 1974 (PL 93-579)

MTF: WALTER REED AMC
Schedule for EMERGENCY ROOM

Report Date: 21 Jun 2001@15423
Page: 1

=====

07:00	NASON, GRACE	UGI SERIES
30 min.	20/222-33-4545	EMERGENCY ROOM
	DOB: 15 Dec 1969	Age: 31
	(H) 410-555-5987	ANDREWS, CAROL L
	Reg. #:	(W) 202-555-4106
	SCHEDULED	Sex: F
		ROUTINE

3.4.3 FILE AND TABLE CHANGES: NONE

3.4.4 IMPLEMENTATION ISSUES: NONE

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APPENDIX A:

COMMON FILES CHANGES

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A.1 SUMMARY OUTLINE.

This Section provides a brief summary of the software changes in CHCS Version 4.6 from baseline CHCS Version 4.5 which affect CHCS common files.

A.1.1 UIC TOTAL SOLUTION.

The ability for users to use free text to designate a Station/unit in mini and full registrations (The "Use as is?" option) has led to a number of coding and data inconsistencies across all of CHCS. Changes have been made to force users to select entries which are contained within the Unit Identification Code file. In addition, a conversion has been written to try to convert all of the free text entries to valid entries. Many new options have been developed to maintain the UIC file and make it easier for users to select an appropriate Unit for patients.

A.1.2 MTF DATA NO LONGER SUPPORTED.

The Medical Treatment Facility (MTF) File has been used historically in CHCS to designate the Medical Treatment Facilities belonging to the Department of Defense and other facilities with which they associate. As such, entries in this Class 1 file have been used throughout the software to not only designate individual facilities but to also designate the CHCS platform at an individual site. This file will now be editable. Sites will no longer have to choose a value from this file to define their site, instead they will be able to create a "Host Platform Name".

A.1.3 PROVIDER AND PLACE OF CARE INACTIVATION.

CHCS presently allows authorized CHCS users to inactivate providers and hospital locations by more than one method. CHCS will now maintain consistency when inactivating a provider either by entering an inactivation date in the Provider file, or when DBA-Inactivating Providers. There will also be consistency for the inactivation of Hospital Locations.

A.1.4 E-LEVEL MEPRS EDIT.

CHCS will prevent the entry of an inappropriate requesting location in the DEFAULT LOCATION field in the User Order-Entry Preferences option and in the LOCATION field in the Provider file.

CHCS will also produce two new reports to identify discrepancies for existing data in the Hospital Location file. One report lists hospital locations, when the Group IDs for the location and

the location's MEPRS code are not equal. The second report lists hospital locations that have an inappropriate MEPRS code based on the Location Type.

A.1.5 MEPRS PARENT ADDED TO DMIS ID FILE.

SAIC will modify the CHCS DMIS ID Codes file #8103 to include all fields currently provided in the source data file which CHCS receives. CHCS will be modified to use the MEPRS (EAS) PARENT field (new) to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

A.1.6 CHANGES TO SUPPORT APV.

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under the new category entitled "Ambulatory Procedure Visit" (APV). This enhancement requires that the Ambulatory Procedure Units (APU) be set up as unique hospital locations. These APUs have a location type of "Ambulatory Procedure Unit," that replaces the existing "Same Day Surgery" location type.

When defining MEPRS Codes, the system allows the user to flag the appropriate MEPRS Codes as APU MEPRS codes. Additionally, the system allows the user to define the corresponding DGA* MEPRS Code for hospital locations defined as "Ambulatory procedure units" that also utilize an "APU" MEPRS code. This will enable CHCS to record minutes of service for APV workload, and attribute it to the appropriate MEPRS code.

If the patient's APV encounter requires an inpatient admission, the system allows the user to assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV."

A.1.7 REVISE PROVIDER SCREENS AND PROVIDER FILE.

This change redesigns the Provider File Enter/Edit screens and removes obsolete data elements from the provider file. Obsolete data elements have been removed from the provider screens and remaining elements have been rearranged for a more logical grouping.

MailMan Enhancements

The List New Messages (LNM) option on the CHCS user's Mailman menu now offers the user a window screen format for viewing and selecting messages and responses to read. This window allows the user to scroll through back and forth through the list to decide which messages to read. Press the select key, only, next to the subject and the message will display. Once the user is finished reading the message and chooses a Message Action the new message window will return for the user to select another message.

Scrolling options include the standard uses of the up or down cursor keys, the [F7] key for bottom of the list, the [F8] key for top of the list and the NextPage/Previous Page keys.

Sample Screen

New Messages for DOCTOR,LAMP
@TRAINING.SAIC.COM

Thu, 21 Jun 2001 12:15:44

```
|
1) Subj: APPOINTMENT SCHEDULED
    Thu, 21 Jun 2001 11:54:02      5 Lines
    From: POSTMASTER   Not read, in IN basket
2) Subj: MISSING SIGNATURE
    Sat, 10 Jan 2099 17:26:05      3 Lines
    From: POSTMASTER   Not read, in IN basket
3) Subj: MISSING SIGNATURE
    Sat, 10 Jan 2099 17:26:05      3 Lines
    From: POSTMASTER   Not read, in IN basket
4) Subj: NOTIFY NON-COMPLIANT RX
    Sun, 17 Jun 2001 10:23:27      10 Lines
+
|
```

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APPENDIX B:

MASTER CHECKLIST

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GENERIC CHECKLIST ITEMS FOR ALL USERS

B.1 USER TRAINING.

B.1.1 CLN.

It is recommended the site request Implementation Support for training and user assistance in the new clinical enhancements for this activation.

It is recommended that HCP-level users (Classes 2-4) and Nurse/Clerk-level users (Class 0-1) attend separate demonstrations for clinical enhancements that will be utilized.

Training sessions should include a brief introduction demo covering the Inappropriate Requesting Location changes, and an overview of the Transportable Patient Records, Duty Station and UIC enhancements. Classes should be organized to include the topics below.

HCP-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(30 min)
Discharge Summaries	(30 min)
Problem Lists	(30 min)
Consult Results	(1 hour)
APV Order Entry	(30 min)

Nurse/Clerk-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(15 min)
Discharge Summary	(30 min)
Problem Lists	(15 min)
Consult Results	(1 hour)
APV Order Entry	(15 min)
Immunization Enter/Review (Nurse-level)	(30 min)
Nursing Due Lists	(1 hour)

It is recommended that supervisory personnel, responsible for File and Table maintenance, attend a separate demo to cover the requirements for Progress Notes, Immunizations, Clinical Site Parameters, Consult Procedures, Discharge Summaries and Transportable Patient Records. Transportable Patient Records training is not covered in the core classes.

It is recommended that users who will be responsible for entering APV Minutes of Service attend the PAS demonstration covering this option.

B.1.2 COMMON FILES.

It is recommended that Data Base Administrators attend a two hour demo.

B.1.3 LAB .

There are two LAB IUG documents to reference for this upgrade:

- (a) IPDWC Interface to COMED AP: MPL Enhancement DS-IMPL-5000
- (b) This IUG: Upgrade to CHCS Version 4.6

A 1.5 hr. demo of general 4.6 changes is recommended for Lab Supervisory Personnel prior to activation. The familiarization training plan is recommended as an alternative if a demo is not possible.

If APCOTS is not ACTIVATED or if the MPL enhancement has already been implemented, a 2 to 3 hour block of time for demo or self study is estimated for a user familiar with CHCS Lab F/T maintenance to prepare for this upgrade. Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est. 2-3 days} or (2) request onsite outside assistance.

If the site is preparing to activate APCOTS, an additional 2-3 hours is recommended for demo and to answer site questions.

Attendance: Lab KEY POC's: Managers, F/T maintenance, Anatomic Pathology, senior supervisory personnel, Quality Assurance and Lab Trainers.

B.1.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- | | |
|---------------------------------------|------------|
| 1. MCP Supervisors, MCP F/T personnel | 5 min demo |
| -Screen #1 of change | Handout |

SET PCM CAPACITY FOR MEDICARE ENROLLEES

- | | | |
|---|------|---------|
| 1. Enrollment Clerks | Demo | 15 mins |
| 2. MCP Supervisors & F/T personnel
(includes Enr clerk's demo) | " | 30 mins |
| 3. Systems/MCP Sup./F&T personnel | | |
| Handout: Exception Report | | |

LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

- | | |
|------------------------|---------|
| 1. MCP Booking Clerks | 15 mins |
| 2. Health Care Finders | 15 mins |
| 3. MCP Supervisors | 15 mins |

DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

- | | |
|--------------|--------------------------------|
| 1. All Users | Handout of the new screens ... |
|--------------|--------------------------------|

AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

- | | |
|--------------------|-----------------------|
| 1. MCP SUPERVISORS | Handout - This Change |
|--------------------|-----------------------|

AD ASSIGNMENT TO EXTERNAL PCM

- | | |
|------------------------------|---------|
| 1. Tricare Enrollment Clerks | 15 mins |
| 2. Tricare/MCP Supervisors | 30 mins |
| 3. MCP F/T personnel | 60 mins |
- (Class for F/T includes Clerks & Supervisors demo)

PROVIDER PLACE OF CARE INACTIVATION

- | | |
|----------------------------|---------|
| 1. PAS and MCP Supervisors | 30 mins |
|----------------------------|---------|

UIC TOTAL SOLUTION

- | | |
|---------------------|-----------------|
| 1. MCP Clerks | 15 mins |
| 2. DBA Common Files | Refer to CF IUG |

EBC

Refer to EBC IUG.

B.1.5 PAD/MSA.

It is recommended that PAD supervisors attend the 1 hour supervisory demo plus the 1.5 hour clerk/general user demo. MSA supervisors and clerks should attend the 1 hour MSA demo.

B.1.6 PAS.

A 2 hour demo is recommended (1 hour for APV users; 1 hour for other PAS users), to be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

(See MCP section as well. Sites using MCP may want to combine demos) it combined, schedule a 3 hr. time slot.

B.1.7 PHR.

The time required for training may vary from site to site depending on the functions utilized. Bar Code, the Dispensing Option Enhancement and/or Quick Dispense are optional. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A 1 hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

B.1.8 RAD.

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

B.1.9 MRT.

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.

PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

B.2 IMPLEMENTATION ISSUES.

B.2.1 CLN.

Before the Install:

- _____ 1. It is recommended that the site assess the way they are currently using Consult Orders and determine whether the Consult Results option will be used. Gather data for the File and Table build to be entered post load to include Consult Names and type; Consulting Clinics and Providers; Devices, etc.)
- _____ 2. It is recommended that the site gather data related to the Ambulatory Procedure Units that are currently in use for File and Table build post load. Coordination with PAS, PAD, MEPRS and Systems Admin is required for this effort.
- _____ 3. The site should establish what pre-positioned data will be entered for Patient Instructions and Discharge Summary Text to support the Discharge Summary enhancements. Patient Instructions can be entered before the load.
- _____ 4. It is highly recommended that the site appoint a contact person for Immunization file and table build. This information should be available post load for all immunization file and table requirements.

Post Install:

- _____ Communicate with other areas and verify that all APV File and Table has been completed before use of this option can be implemented.
- _____ Assign the necessary security keys for Patient Notes, Consults, transportable records and APV order entry.
- _____ Identify personnel for each clinic to be responsible for the Problem Selection List entries if this enhancement will be utilized on site.
- _____ Decide how the Transportable Patient Records options will be utilized at the site.

B.2.2 COMMON FILES.

Pre Load:

- _____ A meeting must take place between the different sites on the CHCS system to determine if a host platform will be defined and, if so, what values will be used.

- A meeting must take place between the Data Base administrator and the MEPRS office to determine which MEPRS codes will need to have the "APU Flag:" set to YES and DGA* MEPRS that the APU locations will be linked to.

Post load:

- In the case of hospital locations with inappropriate MEPRS codes, a determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.
- Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed. All divisions on the data base need to address this issue.
- For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

B.2.3 LAB.

- Quality Control Report Menu Option Enhancements

Verify that Quality Controls are defined with a Lab Section.

Note that this field in the Quality Control file is not required for defining a Quality Control Specimen ... but is needed for this new enhancement to work properly!

- LAB HOST PLATFORM PARAMETERS (#8700) - **NEW FILE**

For any site needing to activate APCOTS, FileMan Enter/Edit is still required, but this is now done by accessing file #8700 instead of the LAB MTF (#69.9) file.

- DBSS activation

(1) The CHCS Program Office will direct when/which sites can activate DBSS. This is not a site decision.

(2) In terms of technical requirements, to support this interface, the minimum DBSS S/W version is 2.01.

(3) Recipients to receive discrepancy BLOOD TYPE bulletin:

For each Lab Division DBSS site, the determination will need to be made concerning appropriate entries to receive the Blood Type Bulletin, bearing in mind that Mail Users and

Groups may be division specific and Device file entries are MTF-wide.

CHCS BLOOD TYPE TEST

If not already defined, a {non-DBSS} laboratory test can be created for CHCS result entry of a patient's Blood Group and Rh Type. The name of this test can be entered in the Lab Host Platform Parameters file. As this test will be shared system-wide, sites will need to reach an agreement for the name.

Note, if existing CH subscript tests already exist, caution needs to be exercised to ensure that test replacements do not compromise existing ORDER SETS. If an order set is defined with an existing lab test that is going to be inactivated, the order set will need to be edited to delete the old test and to add the new one.

One final note is that certain characters (symbols) may need to be avoided when defining the name of the new test. For example, if "&", "\", or "+" are incorporated into the test name, the result will not be received into CliniComp.

DAC Results Report {Amended Results}

As a result of version 4.6 s/w changes, laboratory results amended before the upgrade will not be captured on the DAC report for Amended Results. Since this historical data will not be available after the upgrade, it is suggested that Lab Managers (in each Lab Work Element) print the standard DAC report for Amended Results if this report is presently being used/monitored by QA. If this is done on a daily basis for the week preceding the upgrade, then on the day prior to the upgrade, there will be only one days worth of data to be compiled and printed {and the report should complete quickly}.

DII/LSI Interface

A new Mail Group should be created by DBA to receive DII Error Message bulletins. Depending upon the needs of the site for those bulletins, consideration should be given for division specific mail groups. DII type entries in the Lab System Interface file would subsequently need to be populated correctly with the appropriate mail group for each division. It is NOT recommended that these mail groups be added in the Bulletin file.

After the upgrade, error messages from DII interfaced instruments will begin to display to lab users during TAR as a part of routine operation. These error messages will also begin to populate the DII ERROR INITIALIZATION and the AUTO INSTRUMENT files. In the Auto Instrument file, this

instrument generated error message will populate the ERROR CODE and the associated ACTION CODE and ERROR TEXT. The Action Code populated by the error message is the default, "Display Error/Do Not File". Lab F/T action is required to change this Action Code as needed and enter the User Definable Error Message for each error. The User Definable Error Message field is 'free text' and gives Lab F/T users the means to clarify the error display text and to specify the suitable course of action for the lab user to take when the error is encountered. The Lab F/T interaction will continue until all possible errors have been encountered by the DII interfaced auto instrument and as instrument software upgrades are installed with new and/or different error messages.

___ Routine preparations for version upgrades are done:

Verify there are no outstanding Transmittal Lists, Collection Lists and Work Documents. One of the enhancements of version 4.6 is SIR 14744, which establishes an upper limit on batches as 9999. Any Work Document batches greater than 9999 will not be accessible after the load. Even though a laboratory may have work document batch #'s less than 9999, it is still recommended that all work documents are unloaded as a normal precaution prior to the upgrade.

B.2.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

POST LOAD

___ Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

SET PCM CAPACITY FOR MEDICARE ENROLLEES

POST-LOAD

___ Print the Exception Report BENFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.

___ Review the report to correct Patient Categories or registration.

___ Review PCM Groups and revises PCM capacities as needed.

AD ASSIGNMENT TO EXTERNAL PCM

Pre-Load:

- ___ Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

- ___ Review all external PCMs with agreements of NET and SUP.
- ___ Define AD capacities for these providers if limit ...
- ___ Assign new Security Key to appropriate users (sec 2.5).

PROVIDER PLACE OF CARE INACTIVATION

- ___ CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

UIC TOTAL SOLUTION

Pre-Load:

- ___ Ensure all registrations are correct when feasible

Post-Load:

- ___ DBA should review reports to correct registrations.

B.2.5 PAD/MSA.

Before the install:

- ___ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.
- ___ Run the MSA Balance Check two days prior to the software load and log a Support Center Call for any problem accounts.
- ___ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, i.e.: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.
- ___ Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).
- ___ Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

- ___ Track all PAD/MSA activity to be backloaded when the system is returned to the users.

B.2.6 PAS.

- ___ Sites need to define the HOST PLATFORM NAME, but don't need to do so until after the installation of Version 4.6.
- ___ File and Table personnel need to review the clinic profiles to ensure they are set up with the correct service.
- ___ The Service Type file must be populated through BFIL.
- ___ PAS clinic and provider profiles, templates and schedules must be created and maintained for each APV clinic.

B.2.7 PHR.

If a site plans on using Bar Code:

- ___ Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to (three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

- ___ It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.
- ___ Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON). This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.

Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the Division level. It is either on or off for all outpatient sites in a particular division.

- Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

B.2.8 RAD.

- Schedule templates will require modification prior to implementing 24-hour scheduling.
- Existing labels will require re-formatting if new print fields will be implemented.
- Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

B.2.9 MRT.

PRE-LOAD

- It is recommended that old retirement indices be deleted prior to V4.6, as they cannot be deleted once V4.6 has been loaded.
- Review current record types in the Type of Record Setup. Decide if any new record types need to be created. The PAD POC should check with other divisions prior to the load to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files after the load.
- Will PAD or PAS be creating APV records? The APV record must be created using the Create APV menu options from the PAS menu to ensure that the APV record is linked to the ambulatory procedure itself. If APV records are created through the PAD CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned. It must be decided who will create the APV records and if PAD will do so the APV menu can be assigned as a secondary menu.

POST-LOAD

- Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

If there is no electronic record on CHCS and the site wishes to use CHCS to retire these records:

Access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates. When the RECORD INDEX is created using the Transfer-Retire menu, it will now include these records as eligible to retire.

— Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

- o If records were retired using: MRM-FE-PR
Movement type = Inactivate

No further action is required.

- o If records were retired using: MRM-FE-PR
Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FileMan Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

- o If records were retired using: MRM-TM-TR (Transfer to Other MTF)

No further action should be required.

- o If records were retired using: MRM-TM-AC
(Inactivate/reactivate Records).

No further action should be required.

- o If records were retired using: MRM-TM-MR

(Move Records to Other File room).

Just access the file room where those records are located and generate a Retire list.

— When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

— When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

— Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

— To add clinics to pull list functions so that pull lists can be generated by provider, the RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER: Input Clinic here. At the Records needed field: add appropriate record to be pulled.

— PAD POC's need to check with POC's from all divisions to decide which record labels need patient address and division.

— When retiring records, the system searches records for retirement based on Patient Category. Family members are lumped with retiree records. That can present a problem if just family members are being retired. Currently there is no way to differentiate between these two patient categories. The development team is currently looking at this problem.

As a workaround, file areas could maintain family member records separate from Retirees. And then a retirement list could be generated appropriately.

- ___ The O/P record location field on the mini-registration does not update when records are transferred or retired when the Transfer-Retire option is used. This is being addressed in a SIR being fixed now.

B.3 INTEGRATION ISSUES.

B.3.1 CLN.

CLN/PAS.

- ___ Contact the PAS POC to verify that PAS Profiles have been updated and schedules have been updated for consulting providers who need to enter consult results for a particular clinic if consult resulting on CHCS is utilized.

Contact the PAS POC to verify that PAS profiles and schedules have been updated to support the use of APV.

CLN/PAD.

- ___ Identify POC for transportable patient records.

B.3.2 COMMON FILES.

CF/WAM

- ___ Database administrators, MEPRS personal and WAM personnel will need to coordinate with each other to determine correct default locations for providers, correct MEPRS codes for the CHCS MEPRS file, and correct MEPRS codes for hospital locations.

CF/APV AREAS (CLN, PAD, PAS, MRT)

- ___ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

Refer to PAS, PAD, CLN, and MRT IUGs

B.3.3 LAB.

___ LAB/INTERFACES

Regarding APCOTS, refer to the MPL Enhancement (Lab IUG).

Regarding DBSS Blood Bank interfaced sites, there are screen changes as a result of this upgrade to the laboratory test ordering screens and results retrieval.

B.3.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

MCP/CONTRACTORS

- ___ Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

MCP/PAS

- ___ Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

MCP/PAS

- ___ If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

MCP/DEERS/PAS

- ___ CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.
- ___ Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.
- ___ All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

MCP/DEERS

- ___ Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

F. AD ASSIGNMENT TO EXTERNAL PCM

MCP/DEERS

- ___ DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.

MCP/CLN

- ___ Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

G. PROVIDER PLACE OF CARE INACTIVATION

MCP/PAS

- ___ PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.
- ___ PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.
- ___ MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.
- ___ MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.
- ___ Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

H. UIC TOTAL SOLUTION

MCP/ALL

- ___ All functionalities will be affected.
- ___ MCP UIC/PCM links must be reviewed and corrected where necessary.

I. EBC

Refer to EBC IUG.

B.3.5 PAD/MSA.

- ___ Confirm that all Common File data related to PAD/MSA is entered.

- Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.
- Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

B.3.6 PAS.

- APV clinic build must be coordinated with CLN and MRT functionalities.

B.3.7 PHR.

PHR/CLN

- If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.
- Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet(PMIS).

PHR/CLN/PAD/PAS

- Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

PHR/INTERFACES

- The fill cost is transmitted to CEIS and MCHMIS.

PHR/CF

- The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

B.3.8 RAD.

- The development of the Ambulatory Procedure Unit will now allow CLN/LAB/RAD/PHR to place and process orders on a new page - Ambulatory Procedure Visit (APV) on the Patient Order List (POL) screen. The APV page is created at the time the Ambulatory Procedure Request is made via Order Entry or by a PAS user when an appointment is 'booked.' When the order is activated, CHCS will communicate a request to schedule an APV appointment through the PAS software. However, the APV page will not be activated until PAS completes the appointment process - KEPT appointment. If pre-op orders are entered on this page but the appointment has not been KEPT, Radiology will NOT be able to see or process these orders, which may result in duplicate order entry once the APV page has been activated.

It is recommended that pre-op x-rays continue to be placed on the 'Outpatient Page'.

B.3.9 MRT.

- Appropriate file rooms should be created to STORE the NEW Standard Record Types (APV, etc.). Will PAD or PAS create these file rooms?
- All PAS/MCP personnel responsible for creating APV records must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).
- It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

B.4 FILE AND TABLE CHANGES.

B.4.1 CLN.

File and table time for data collection and build may be extensive, depending on what enhancements a site chooses to activate and what files were built previous to 4.6. It is recommended that each section of this IUG be thoroughly reviewed before deciding to utilize it's enhancements.

Coordination with other subsystems will be necessary for some of the enhancements. Once a decision has been made, review the File and Table section before activating.

Note: Some F/T build may be done pre or post-load.

- ___ To support the use of Nursing Due lists, make entry in a new field in the Clinical Site Parameters called 'Days to Collapse the Past APV Page:'. This parameter should be set before the site begins using the APV page options.
Est. Time: 1 minute
- ___ Work with builder of Common Files to name the APV page by using the first three characters from the abbreviation field in the Hospital Location File (#44) and adding '-APV'. The abbreviations entered for these locations should not begin with the same three characters (i.e. 'SDS...' or 'APU...').

(Refer to Common Files Sections on F/T)
- ___ If the site plans to use Nursing Documentation options, file and table for the Nursing Order file should be reviewed.
(1-4 hrs.)
- ___ Consults must be defined for a specific clinic to result and designated as SCHEDULED if not currently with that Schedule type (do this post-load so as not to upset current Consult processing). Consults in CHCS are maintained as ancillary procedures.
Est. Time: 1-2 hrs.
- ___ The Progress Note Title (PNM) option must be populated before the users will be able to document notes.
Time Est.: 1 min./note title
- ___ Assign the NS DISCHARGE security key for authorized users to access the 'Discharge Summary Enter/Edit' option. Any Nurse/Clerk users who transcribe D/C summaries and all doctors who discharge patients require this key.
Time Est.: 10 min/20 users
- ___ Populate the Patient Instructions file with discharge summary instructions. Populate the 'Discharge Summary Text' file with predefined summary templates for import into summaries.
Time Est.: 1 hr. - 1 week (depending on number)
- ___ Assign NS IMM security key to authorized users who must access the 'Immunization/Skin Test Enter/Edit' option for the purpose of documenting.
Time Est.: 10 min/20 users
- ___ Review the immunization file in the 'Immunization Maintenance' option (IPM) before the use of this option.
Time Est.: 4 hrs.
- ___ Assign the DG TRANSPORTABLE RECORDS security key to the appropriate Clinical personnel for this effort.

- ___ Coordinate with the Systems personnel to define TCPR parameters regarding the IP addresses of sites you wish to communicating with.
- ___ Ensure that the Clinical Site parameters to enable TCPR Mini-Reg and Purge TCPR records are set. Defaults are Yes and 7 days.
- ___ Ensure that the Clinical Site parameter for purging Problem Selection Lists is set. Default is 365 days.

B.4.2 COMMON FILES. (Refer to Common Files IUG)

Pre Load:

- ___ Determine which Divisions have inappropriate MTF entries. These will need to be fixed.
- ___ Determine which hospital locations have inappropriate MTF entries. These will need to be fixed.

Post Load:

- ___ After all sites on a given CHCS system agree on one name to designate for the System, and values for the other fields in the file, then they can enter a Host Platform.
- ___ In the case of hospital locations with inappropriate MEPRS codes, A determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.
- ___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed.
- ___ Medical treatment Facility file entries can be edited as necessary.
- ___ APU MEPRS codes will need to be edited.
- ___ APU Hospital Locations will need to be linked to DGA* MEPRS.
- ___ Mail bulletins need to be attached to appropriate mail groups for inactivated providers or places of care to insure that system generated messages get to the appropriate people.

B.4.3 LAB.

Concerning Anatomic Pathology and APCOTS, this upgrade will not affect sites that have already completed File/Table for MPL. There are no software changes from CHCS versions 4.52 to 4.6.

- ___ For all DOD-selected and funded sites using APCOTS that have not performed File/Table for MPL, complete file and table build.
Time Est: 1-2 hours.

B.4.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- ___ Set Grace Period Parameter field if needed. Default is 120 days if no action is taken.

Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

- ___ Reset PCM Capacities if necessary. 5 mins per PCM Group

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

None

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

None

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

None

F. AD ASSIGNMENT TO EXTERNAL PCM

- ___ Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

G. PROVIDER PLACE OF CARE INACTIVATION

- ___ Ensure PAS TaskMan Bulletin, SD WEEKLY CLEANUP, is tasked to run weekly.
- ___ Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

H. UIC TOTAL SOLUTION

None

I. EBC

Refer to EBC IUG.

B.4.5 PAD/MSA.

Post-load PAD/MSA File and Table changes:

Estimated time: 10-20 minutes

- ___ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS
- ___ The DD7A Outpatient Billing Table should be populated with the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE
- ___ The APV Record Parameters should be populated by authorized Clinical Records Department supervisors.

B.4.6 PAS.

- ___ The Host Platform name must be entered into the Hospital Location file.
- ___ The clinic profiles need to be reviewed to ensure that they are set up with the correct service so that booking can search across divisions.
- ___ The site must populate the Service Type file through PAS post install.
- ___ APV clinics must be set up in the PAS profiles.
- ___ Record tracking file rooms must be created for APV records. Any file room security keys need to be assigned APV PAS users.
- ___ A PAS bulletin SD WEEKLY CLEANUP should be tasked to run weekly. Attach bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

B.4.7 PHR.

Pre-Load:

- _____ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load: (Can be done at users' discretion, will not affect pre 4.6 functionality)

- _____ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.
- _____ The printer(s) that will print bar coded labels must be defined in the Device File.
- _____ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).
- _____ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening software will act against each ingredient. If it is not the software will process a compounded drug as if it were a single product.
- _____ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.
- _____ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.
- _____ Enter APU clinics in Ward Groups.
- _____ The local cost field in the Formulary must be populated for accurate cost reporting.

B.4.8 RAD.

- _____ All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.
- _____ Enter any record types to be pulled for clinics into the Borrowers Setup File.
- _____ Add new print fields to Label Print formats if they will be used.

B.4.9 MRT.

1. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE

— Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.

2. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:

— The System Mail Manager does this. (Menu path: EVE->MM->MGE)

The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.

3. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP:
(Menu Path: PAD->MRM->{file room}->SD->APP->second screen)

— After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

4. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}->SD->MTS->Movement Type Set-up)

— The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

5. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

— Enter Menu Path: MRM->{file room}>SD->FSU) and create any new file rooms which will be storing new records.

— Enter new any new record types in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS).

Make sure File room has been added as 'File room Allowed to Store Record.

— Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION ->RECORD TYPES screen)

- ____ Add file room to Borrowers Setup File (Menu Path: PAD->MRM->file room}->SD->BSU)
- ____ The Database Administrator must complete the Service and MEPRS code fields in the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

B.5 SECURITY KEYS.

B.5.1 CLN.

NS CONSULT RESULTS	Allows the user to enter Consult Results and view results after verification.
NS IMM	Allows the user access to document immunizations from the Nursing Menu.
NS DISCHARGE	Allows the Clinical user access to the Discharge Notes option.
GP EUROP1	Allows the user access to problem lists and progress notes from the Order Entry action prompt.
OR MD MNG	Allows the user to access the Table Maintenance Menu option from the Physician menu.
SD APV	Allows the user access to the MAPV option.
SD APV MINSRV	Allows the clinical user to emergently disposition an APV patient from the ORE action prompt to support an inpatient episode that results from an APV visit.

B.5.2 COMMON FILES.

No new Security Keys for CF.

B.5.3 LAB.

No new Security Keys for LAB.

B.5.4 MCP.

CPZ PCM AGR LOCK

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected:

ER Enrollments
BMCP Batch PCM Reassignment
UBER Batch Enroll AD
UICP UIC/PCM Maintenance
GNET Provider Network

Suggested users: Enrollment Clerks, MCP File/Table personnel, Personnel performing Batch Enrollments, PCM reassignments.

CPZ MCSC

This key is intended only for use with the MCSC interface in selected regions. This is here for documentation only.

****DO NOT ISSUE UNLESS TOLD TO DO SO****

CPZ DISENROLL-CANCEL CORRECT (EBC related)

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected:

CAN Disenrollment Cancellation/ Correction

CPZ TSC LOADER

****DO NOT ASSIGN****

This key was initially for use with MCSC I and the HL7 MCP transfer. This key should not be assigned to anyone.

B.5.5 PAD/MSA.

MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor

DG APVUSER This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.

MSA DD7A
BILLING This key will allow a user access to produce an end of month bill for the new DD7A function. This key should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

B.5.6 PAS.

SD APV: Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV: Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

B.5.7 PHR.

There are no new Pharmacy security keys for Ver 4.6

B.5.8 RAD.

No New Security Keys for RAD

B.5.9 MRT.

SD APV Accesses the APV menu
Assigned to PAS or PAD users who create APV records.

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APPENDIX C:

TRAINING AND FILE/TABLE BUILD MATRIXES

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TRAINING MATRIX (Version 4.6)

	Demos	Hours	Users	Training	Hours	Users	Handouts*
CLN	Y ¹	4	Nurses/Clks Physicians CLN Spvrs	N	-	-	-
COMMON FILES	Y	2	DBA	N	-	-	-
DTS	N	-	-	N	-	-	-
LAB	Y	1.5	QA/LAB Tnrs F/T POCs	N ²	-	-	-
MCP	Y	2 ³	MCP/Tricare Enrlmt Clks HCF	N	-	-	-
MRT	N	-	-	Y	2.5 ⁴	MRT POCs	-
MSA/TPC	Y	1	MSA POCs	N	-	-	-
PAD	Y	2.5 ⁵	PAD POCs	N	-	-	-
PAS	Y	2	PAS POCs	N	-	-	-
PHR	Y	.5- 1.5 ⁶	PHR POCs	N	-	-	-
RAD	Y	2	RAD POCs	N	-	-	-
WAM	N	-	-	N	-	-	-

*Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix E includes the familiarization training plan.

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- 1 -Recommending separate sessions for Nurses/Clerks, Physicians, and CLN Supervisors.
- 2 -If APCOTS is to be activated, additional 2-3 hours Training for key LAB POCs and F/T Build personnel.
- 3 -MCP/Tricare Supervisors 2 hours, Enrollment Clerks 1 hour (can also attend portion of above session), Health Care Finders .5 hour.
- 4 -2 hours, personnel that retire records; F/T Supervisors, 2 hours (can also attend the same session as personnel that retire records); Site Manager or System Specialist .5 hour; PAS Supervisor (if they will enter APV file rooms in system, .5 hour.
- 5 -First 1.5 hours are for Clerks, an additional hour for Supervisors.
- 6 -If Bar Code and Dispense Options ARE used, demo will be 1.5 hours. If they are not being used, a .5 hour demo for PHR supervisors only.

FILE AND TABLE BUILD MATRIX (Version 4.6)

	PRE LOAD	TIME	POST LOAD (PRE-USER)	TIME	POST LOAD (POST-USER)	TIME
CLN	DC	8hrs- 1 week	N/A	-	FT	4-8 hrs.
CF	DC/FT	8 hrs.	N/A	1 hr.	FT	-
DTS	N/A	-	N/A	-	N/A	-
LAB	N/A	-	N/A	-	FT ¹	1-2 hrs.
MCP	N/A	-	N/A	-	FT	1 hr.
MRT	N/A	-	N/A	-	N/A	1 hr.
PAD/MSA	N/A	-	FT	10-20 Min.	N/A	-
PAS	N/A	-	N/A	.5 ²	FT	1 hr.
PHR	N/A	-	N/A	-	FT	.5 hr.+ ³
RAD	N/A	-	N/A	-	N/A	1 hr.
WAM	N/A	-	N/A	-	N/A	-

Note: The File and Table build estimates may vary. This is an estimated time line for planning purposes. Use the appropriate sections of the IUGs for detailed information.

DC = Data Collection FT = File/Table

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- 1 -LAB file and table is only necessary if APCOTS is being used at site and MPL file and table build is not complete.
- 2 -For PAS, this time can be used for MRT instead (depending on who builds the file rooms.
- 3 -PHR file and table estimates will depend on which functions are being used (Dispensing option, Barcode, etc.)

APPENDIX D:

DATA COLLECTION FORMS

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Data Collection Forms

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APPENDIX E:

FAMILIARIZATION TRAINING PLAN

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Familiarization Training Plan

PRINT PULL LISTS SORTED BY PROVIDER

USER ACCESS: RADGFA -> RADGFJ

There are no additional security keys or FileMan codes necessary for performing the following menu change. This option pertains only to Printing a Pull List with the NEW SORT BY PROVIDER:

User demonstration of 30-minute segments is recommended.

1. Create Pull List: RAD->IT->BR->IN
2. Select Clinic: ORTHOPEDIC CLINIC (if you type ORTHO, Pick option #2 - ORTHOPEDIC CLINIC - DIV A)
3. Enter PULL DATE: 0624
4. Select Device for Message: Can enter NL: (or enter training room printer if available)
5. Will take a couple of minutes for report to compile . . .

At this time, the goal of this demonstration is to Print the Pull List Sorted by Provider. Appointments have been prepositioned in the Orthopedic Clinic. Be sure to select Orthopedic Clinic not Orthopedic Appliance Clinic.

6. Print Pull List: **MENU PATH:** RAD-IT-PL-PT
7. The first sort will be by DIVISION and will default to Div A - Training Hospital <CR>
8. Select Pull List: ALL CLINICS // {enter ORTHOPEDIC CLINIC}
9. The user will be prompted:

How do you want list sorted? Terminal Digits//

User may select one of the following sort criteria at this prompt:

Terminal Digits	to sort by terminal digits
Clinic Name	to sort by clinic name; then by terminal digits
Appointment Time	to sort by clinic name; then by appointment time
Patient Name	to sort by clinic name; then by patient name

```
Provider          to sort by Provider name; then by
                  terminal digits
    ^             to stop
```

- ```

10. Enter PROVIDER
11. At 'Select Provider: ALL// {enter: ANDREWS,CAROL L or
 VALLONE,IKE
12. At 'Select type of list? ALL// {CR}
13. At 'Print Routing Cards and/or Loan Labels?: Both//
 {enter . . 'N' }
14. At 'Select Pull List Printer:

```

Print the following SAMPLE REPORT to the screen (or printer if available):

EXAMPLE - User Orthopedic Clinic and Provider: ANDREWS,CAROL L.

Personal Data - Privacy Act of 1974 (PL-93-579)  
 Division : DIV A - TRAINING HOSPITAL      Sorted by : Provider Name  
 File Room: IMAGE FILE ROOM      Report Date: 21 Jun 2001@140807  
 Pull List: ORTHOPEDIC CLINIC      Page: 1  
 Date Records Needed: 24 Jun 2001

| DEERS     | Name | FMP/SSN         | Type | Req# | Status | Request       | Time  | Cur Loc  |
|-----------|------|-----------------|------|------|--------|---------------|-------|----------|
| Provider: |      | ANDREWS,CAROL L |      |      |        |               |       |          |
| NASON,A A |      | 20/222-33-4539  | BON1 | 14   | REQ    | ORTHOPEDIC CL | 07:30 | IMAGE FR |
| NASON,C C |      | 20/222-33-4541  | BON1 | 16   | REQ    | ORTHOPEDIC CL | 11:30 | IMAGE FR |
| NASON,E E |      | 20/222-33-4543  | BON1 | 18   | REQ    | ORTHOPEDIC CL | 11:00 | IMAGE FR |
| NASON,F F |      | 20/222-33-4544  | BON1 | 19   | REQ    | ORTHOPEDIC CL | 10:30 | IMAGE FR |
| NASON,H H |      | 20/222-33-4546  | BON1 | 21   | REQ    | ORTHOPEDIC CL | 12:30 | IMAGE FR |
| NASON,I I |      | 20/222-33-4547  | BON1 | 22   | REQ    | ORTHOPEDIC CL | 10:00 | IMAGE FR |

Press <Return> to continue or '^' to stop:

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APPENDIX F:

SAMPLE REPORTS

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### **Sample Reports**

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